

PTO/BB/17 (12-04)

Approved for use through 07/31/2006. OMB 0851-0032  
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|--|--|---|--|
| Effective on 12/08/2004.<br>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b><br>Application Number: 10/065,609<br>Filing Date: 11/03/2002<br>First Named Inventor: Tsung-Wei Huang<br>Examiner Name: Brooke, Michael S<br>Art Unit: 2853<br>Attorney Docket No.: ACP0021USA |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  |   |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 0.00  |  |   |  |

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|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): |  |
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| <b>FEE CALCULATION</b>  |             |                       |   |                       |                                  |                       |                              |
|---|-------------|-----------------------|---|-----------------------|----------------------------------|-----------------------|------------------------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |             |                       |   |                       |                                  |                       |                              |
| Application Type  | FILING FEES |                       | SEARCH FEES   |                       | EXAMINATION FEES                 |                       | Fees Paid (\$)               |
|   | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)  | Small Entity Fee (\$) | Fee (\$)                         | Small Entity Fee (\$) |                              |
| Utility   | 300         | 150                   | 500   | 250                   | 200                              | 100                   |                              |
| Design  | 200         | 100                   | 100   | 50                    | 130                              | 65                    |                              |
| Plant   | 200         | 100                   | 300   | 150                   | 160                              | 80                    |                              |
| Reissue   | 300         | 150                   | 500   | 250                   | 600                              | 300                   |                              |
| Provisional   | 200         | 100                   | 0   | 0                     | 0                                | 0                     |                              |
| <b>2. EXCESS CLAIM FEES</b>   |             |                       |   |                       |                                  |                       |                              |
| <b>Fee Description</b>  |             |                       |   |                       |                                  |                       | <b>Small Entity Fee (\$)</b> |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  |             |                       |   |                       |                                  |                       | 50                           |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent   |             |                       |   |                       |                                  |                       | 200                          |
| Multiple dependent claims   |             |                       |   |                       |                                  |                       | 360                          |
| <b>Total Claims</b>   |             | <b>Extra Claims</b>   | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  | <b>Multiple Dependent Claims</b> |                       | <b>Fee (\$)</b>              |
| - 20 or HP =  |             | x                     | =   | =                     | Fee (\$)                         |                       | Fee Paid (\$)                |
| HP = highest number of total claims paid for, if greater than 20  |             |                       |   |                       |                                  |                       |                              |
| <b>Indep. Claims</b>  |             | <b>Extra Claims</b>   | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  | <b>Multiple Dependent Claims</b> |                       | <b>Fee (\$)</b>              |
| - 3 or HP =   |             | x                     | =   | =                     | Fee (\$)                         |                       | Fee Paid (\$)                |
| HP = highest number of independent claims paid for, if greater than 3   |             |                       |   |                       |                                  |                       |                              |
| <b>3. APPLICATION SIZE FEE</b>  |             |                       |   |                       |                                  |                       |                              |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |             |                       |   |                       |                                  |                       |                              |
| <b>Total Sheets</b>   |             | <b>Extra Sheets</b>   | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>       | <b>Fee Paid (\$)</b>             |                       |                              |
| - 100 =   |             | / 50 =                | (round up to a whole number) x                          | =                     |                                  |                       |                              |
| <b>4. OTHER FEE(S)</b>  |             |                       |   |                       |                                  |                       |                              |
| Non-English Specification, \$130 fee (no small entity discount)   |             |                       |   |                       |                                  |                       | <b>Fees Paid (\$)</b>        |
| Other:  |             |                       |   |                       |                                  |                       |                              |

|                                |   |                         |  |
|--------------------------------|---|-------------------------|--|
| <b>SUBMITTED BY</b>            |   |                         |  |
| Signature: <i>Winston Hsu</i>  | Registration No. (Attorney/Agent): 41,526 | Telephone: 302-729-1562 |  |
| Name (Print/Type): Winston Hsu | Date: 03/08/2005                          |                         |  |

This collection of information is required by 37 CFR 1.136. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 10/065,609**

**Attorney Docket No.: ACMP0021USA**

**Subject: Response to the email received from the Examiner  
dated on 02/22/2005**

**Amendment Under 37 CFR 1.312**

**Total Pages: 12 pages (including cover page)**

**Winston Hsu 2005/3/8**

**ACMP0021USA0\_A3\_3**

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Registration Number, if applicable

Telephone Number

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Application Number: 10/065,609

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|--|---------|
| (1) Transmittal Form                                 | 1 PAGE  |
| (2) Fee Transmittal Form                             | 1 PAGE  |
| (3) Response to the email received from the Examiner | 7 PAGES |
| (4) Drawing (s)                                      | 1 PAGE  |

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